



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E459658**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-02264
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	09	07	2015	TIME (2400)	1429	COUNTY #	31	MILES	N	E	IN	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

STATE ROUTE 9 NE	BLOCK NO. <input checked="" type="checkbox"/>	513
	MILE POST <input type="checkbox"/>	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)	
		FEET	S	W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	PRESCOTT	FIRST NAME	NATALIE	MIDDLE INITIAL	N
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STREET NEW ADDRESS	2305 108TH AVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982585143
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	PRESCNN017KM	STATE	WA	SEX	F	D.O.B. MMDDYYYY	05	14	1999
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AFU7423	STATE	GOV	VIN#	1GNKVGEDXBJ156081
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2011	MAKE	CHEV	MODEL	TRAVEL	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 65000029-8
VEHICLE LEGALLY STANDS <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B. MMDDYYYY			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	A1250C	STATE	GOV	VIN#	6G1MK5U2XCL601208
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2012	MAKE	CHEV	MODEL	CAPRICE	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDS <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E459658**

CASE # **15-02264**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

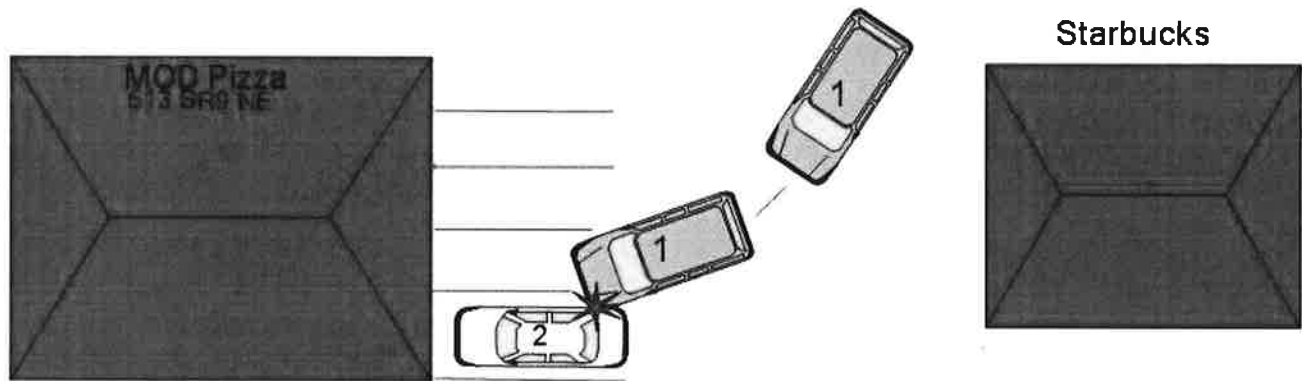
NAME (LAST, FIRST, MIDDLE INITIAL)		DUPAPE HARRY L																	
ADDRESS & PHONE #		11315 22ND PL N LAKE STEVENS WA 98258 4254445473																	
SEX		U		D.O.B. MMDDYYYY		01		17		1970									
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		HAYTER CHRISTOPHER E																	
ADDRESS & PHONE #		211 KIRKLAND AVENUE #501 KIRKLAND WA 98033 4258343757																	
SEX		M		D.O.B. MMDDYYYY		10		14		1986									
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 09/07/2015 at ab out 1433 horus, SCSO Transit Unit Deputies advised that their vehicle (unit 2) had been struck in the parking lot of MOD pizza located in the 500blk of SR9 NE. Deputy Hostetter #C1518 advised that the suspect vehicle was northbound through the Frontier Village Shopping Center. I located the vehicle there. It was determined that the SCSO vehicle (unit2) was parked on the north side of the restaurant unoccupied. Vehicle 1 backed out of the parking stall to the right of the patrol vehicle. Vehicle 1 struck the right rear of the patrol car with the left front of her vehicle, causing damage to both vehicles. Unit 1 then left the area and was contacted by me in the same parking area. SCSO responded to contact the driver of vehicle 1.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD		09-07-15 04:37 PM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		PLACE SIGNED	
APPROVED BY		DATE			
SGT. C. VALVICK 71		9/8/2015 5:48:41 PM			
BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	2:33 PM
			TIME POLICE ARRIVED	2:33 PM	



Shopping Center Parking



Snohomish County Sheriff's Office
Statement Form

Case # 15-2264

Statement of: Last Name: Prescott First: Natalie Middle: Nicole
DOB: 5/14/1999 Race: White Hispanic: Y ☒ N Sex: F Hgt: 5'0" Wgt: 130 Eye: Blue Hair: Blonde
Home Address: 2305 108th ave SE City: Lake Stevens Zip: 98258
P. O. Box Number: _____ City: Lake Stevens Zip: 98258
Employer: _____ City: Lake Stevens
Home Phone: 425 335 0358 Work Phone: 425 367 3204 Cell Phone: 425 367 3204
E-mail Address: _____ Contact Phone: 425 367 3884
(Established Family Member or Friend)
Place statement taken (City): Lake Stevens Date: 6/1/15 Time: _____

Statement:

I was pulling out of MOD pizza when
~~a~~ a guy helped me pull out of the
~~exit~~ driveway because I bumped
against the car without realizing it and
then I looked to see if there
was damage and there was a dent
but it would of been caused by
someone running into it which I
did not. I only bumped against it
slightly, pulling out. I checked again
and left to go to school supplies.

I HAVE READ EACH PAGE OF THIS STATEMENT CONSISTING OF 1 PAGE(S).
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON
THAT THE ENTIRE STATEMENT IS TRUE AND CORRECT. NP (initial)

Signature: Natalie Prescott

Deputy: _____

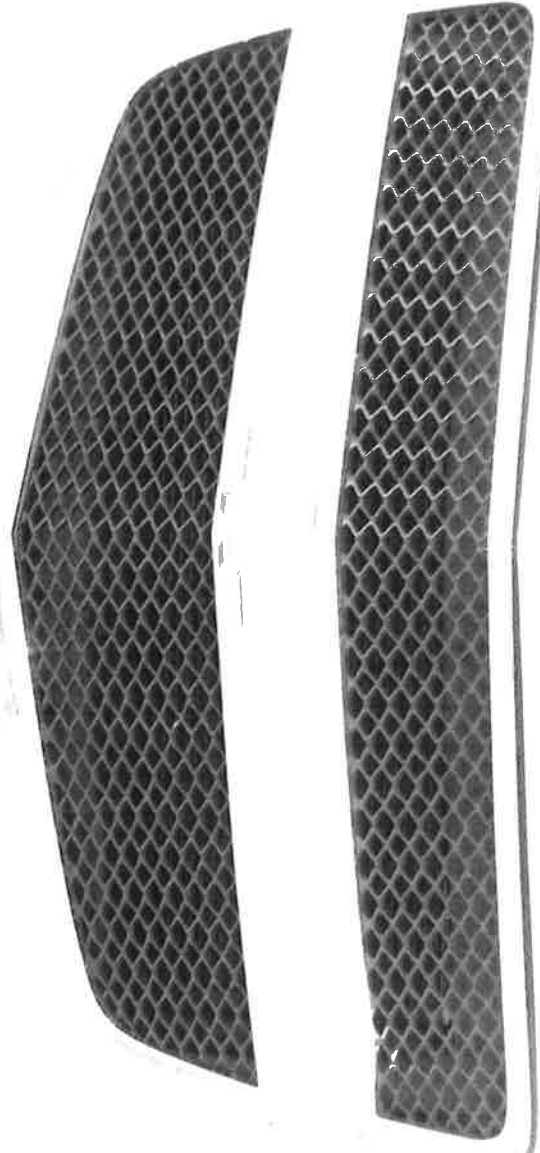
1 of _____



WASHINGTON
A1250C
EVERGREEN STATE



GA MARTIN
AFU7423
EMUCIA









LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Kutherford #130</i>		Case Number <i>15-02264</i>				
Type of Crime: <u>Felony / Misdemeanor</u> (Circle)		Type of Case: <i>Collision</i>		Date/Time: <i>9-7-18</i>				
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkng will be held for 60 days or 60 days past owner notification						
Item # <i>1</i>	Item <i>Photo CD</i>	Brand Name	Storage Location	Disposition				
Action # <i>3</i>	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found				Weight of Narcotic		
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item	Brand Name		Storage Location		Disposition		
Action #	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item	Brand Name		Storage Location		Disposition		
Action #	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item	Brand Name		Storage Location		Disposition		
Action #	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item	Brand Name		Storage Location		Disposition		
Action #	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								
Evidence Control Use Only:								
Received by Evidence:	NCIC/WACIC	✓	Date:	CAD/RMS Checked	ROUTING:			
Name: _____ # _____	NCIC/WACIC +		Date:	Owner Letter Sent:	White: Property Room			
Date: _____ Time: _____	NCIC/WACIC -		Date:	Owner Letter Sent:	Yellow: Case File			

Incident History for: #S015148859 Xref: #SS15018142

Case Numbers: \$S015016075

Entered 09/07/15 14:29:26 BY SPDP16 SP0326
Dispatched 09/07/15 14:29:26 BY SPDP16 SP0326
Enroute 09/07/15 14:29:26
Onscene 09/07/15 15:01:25
Closed 09/07/15 15:33:15

Initial Type: COLP Initial Alarm Level: Final Alarm Level:
Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H
Police BLK: Fire BLK: Map Page: Group: S01 (S04) Beat: Src:
Loc: FRONTIER VILLAGE (NV)

Loc Info:

Name:	Addr:	Phone:
/1429 (SP0326) \$OUTSRV	, NO MORE INFORMATION	
/1429 DISPER	TRAN14 #C1518 HOSTETTER, DEPUTY (JOSH)	
	, NO MORE INFORMATION	
/1430 CHANGE	LOC: FRONTIER VILLAGE --> FRONTIER VILLAGE,	
	DGP: S04 --> S01	
/1430 CHGLOC	TRAN14 [2305 108 AVE SE]	
/1432 MISC	TRAN14 , 17 FEM NAMED NATALIE	
/1433 (*****) REMINQ	TRAN14 PRESCOTT. NATALIE. N. 05141999. .	
/1433 (SP0326) REMINQ	TRAN14 NAME, TRAN14, PRESCOTT, NATALIE, N, 05141999, ,	
/1435 CROSS	#SS15018142	
/1436 MISC	TRAN14 , 33S ADVSD	
/1439 ASSTER	3E9 [2305 108 AVE SE]	
	#C1173 MANSUR, MPD (MIKE)	
/1441 (*****) REMINQ	TRAN14 PRESCOTT. MONIKA. J. 06121974. .	
/1441 (SP0326) REMINQ	TRAN14 NAME, TRAN14, PRESCOTT, MONIKA, J, 06121974, ,	
/1442 (SP0213) CROSS	#SS15018144	
/1445 ASNCAS	TRAN14 \$S015016075	
/1501 (SP0339) ONSCNE	3E9	
/1501 ONSCNE	TRAN14	
/1525 (C1518) CLEAR	TRAN14	
/1533 (SP0339) CLEAR	3E9 D/H	
/1533 CLOSE	3E9	